

# SUPPLEMENTAL UPDATED SERVICES PLAN (USP)

Michigan Department of Human Services

Case Manager	Youth Name:	
USP/UTP Report Period: From: _____ To: _____	DHS Case Number:	Court File Number
Reasonable Efforts It was determined that reasonable efforts were made to prevent or eliminate the need for placement or to allow the youth to return home. (List all services offered or provided.) The following resources and services were made available to the family to prevent placement. "Click Here and Type"		
If the youth has been in care for 15 of the last 22 months and a petition to terminate parental rights has not been filed please indicate the compelling reasons why below: <input type="checkbox"/> Youth is age 14 or over and refuses to consent to adoption <input type="checkbox"/> Youth's treatment services have not been completed <input type="checkbox"/> Youth is 18 years of age or older <input type="checkbox"/> Supervising agency has not yet completed the services detailed in the prior service plans to make reunification possible <input type="checkbox"/> The permanency goal of independence is expected within 18 months <input type="checkbox"/> Other "Click Here and Type"		
<input type="checkbox"/> TEMPORARY COURT WARD <input type="checkbox"/> P.A. 150 <input type="checkbox"/> P.A. 150 & MCI OR 220 (DUAL WARD)		

## UPDATED TREATMENT PLANNING INFORMATION (Please check to verify attachment)

- ☐ Court documents since last update    ☐ DHS-4539 Security Level Matrix for Reoffenders (If Applicable)  
☐ ITP/UTP/ISP/USP

## JJS CONTACTS WITH YOUTH, PARENTS, AGENCY TREATMENT TEAM DURING REPORT PERIOD

CONTACT DATES	TYPE	WITH WHOM

## Provided relative caregiver with DHS Publication 457 "Relative Caregiver Resources & Responsibilities"

☐ Yes ☐ No ☐ NA

PARENT NOTIFICATION OF CHANGE IN PLACEMENT, TREATMENT PLAN AND VISITATION AND NEXT COURT HEARING: ☐ YES ☐ NO ☐ N/A

### VICTIM NOTIFICATION:

Has Victim Notification been requested? ☐ N/A ☐ Yes ☐ No

### VICTIM RESTITUTION REQUIREMENT:

Is there a Victim Restitution order in effect? ☐ N/A ☐ Yes ☐ No

### SEX OFFENDER REGISTRATION:

Has youth been advised of Sex Offender Registration Requirement? ☐ N/A ☐ Yes ☐ No

### DNA PROFILE COMPLETED?

☐ N/A ☐ Yes ☐ No

Treatment Goals & Strategies Are Appropriate:

☐ N/A ☐ Yes ☐ No

If No, Conference With Provider Scheduled On: Date:

## See Attached UTP

THE ATTACHED UTP PROGRESS SUMMARY HAS BEEN REVIEWED BY THE DEPARTMENT OF HUMAN SERVICES AND APPROVED. SAFE AND PROPER CARE AND SERVICES WILL BE ASSURED BY THE WORKER BY IN PERSON CONTACTS AS REQUIRED BY DHS POLICY.

INDICATE IN PERSON CONTACT SCHEDULE: ☐ Monthly ☐ Bi-Monthly ☐ Other

<input type="checkbox"/> <b>Maintain</b> Placement/ Plan (No Court Action)	<input type="checkbox"/> <b>Needs New</b> <b>Placement</b> Same Security Level (No Court Action)	<input type="checkbox"/> <b>Placement</b> Changed Since Last Report (Attach Documentation)	<input type="checkbox"/> <b>Escalate</b> Placement/ Change Plan (Attach Petition)	<input type="checkbox"/> <b>De-escalate</b> Placement Change Plan (Attach Petition)	<input type="checkbox"/> <b>Terminate</b> <b>Wardship</b>
---	---	--	--	--	--

## WILL YOUTH REACH AGE 19 WITHIN 90 DAYS

☐ Yes ☐ No

If yes, the petition for the Commitment Review Hearing will be filed

Commitment Review  
Hearing Date \_\_\_\_\_

Comments Optional:

"Click Here and Type"

**AUTHORIZING SIGNATURES**

Case Manager Signature	Date	Supervisor Signature	Date
------------------------	------	----------------------	------